

COMPETITIVE TRYOUT/TRANSFER APPLICATION



Date: \_\_\_\_\_ Intra (Within) District                      Inter (Between) District  
Player Name: \_\_\_\_\_ Date of Birth (YYMMDD): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (xxx-xxx-xxxx): \_\_\_\_\_  
City & Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_  
Home District: \_\_\_\_\_ Home Association: \_\_\_\_\_

I request a transfer  tryout  for the above player with the \_\_\_\_\_ team in the \_\_\_\_\_ Minor Hockey Association in District \_\_\_ for the 20 \_\_\_\_ - 20 \_\_\_\_ season.

The rationale is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**TRYOUT APPROVALS**

Receiving Association President Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Agree  Oppose  Comments: \_\_\_\_\_

Receiving District Chair Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Agree  Oppose  Comments: \_\_\_\_\_

Home Association President Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Agree  Oppose  Comments: \_\_\_\_\_

Home District Chair Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Agree  Oppose  Comments: \_\_\_\_\_

*The above signatures are for tryouts **ONLY**. During the tryout process, the player remains property of his Home Association & District. If the player is successful in making the team, the additional Transfer approvals below are required.*

**TRANSFER APPROVALS**

Receiving District Chair Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Agree  Oppose  Comments: \_\_\_\_\_

Home District Chair Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Agree  Oppose  Comments: \_\_\_\_\_

*Transfers are for **ONE YEAR ONLY**. The player must return to his Home Association District for the next season.*